



1645 Lyndale Avenue North, Suite 102, Faribault, MN 55021

Phone: 507-331-7911

CREDIT APPLICATION

Legal Name of Company: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax _____

Garaging and Titling Address: _____

Contact Person: _____ Title: _____ Phone No.: _____

Company Website: _____ Contact E-mail: _____

Year started: _____ Year Incorporated: _____ Federal Tax ID No. _____

US DOT No. _____ MC/MX No. _____

Check one: () Corporation () Partnership () Sole Proprietorship

Principal owner name: _____ % of ownership: _____ Soc. Sec. No. _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Brief history of Company: _____

CREDIT REFERENCES:

Primary Bank: _____ Contact: _____ Phone No. _____

Finance Company _____ Contact: _____ Phone No. _____

Finance Company: _____ Contact: _____ Phone No. _____

INSURANCE INFORMATION:

Company Name: _____ Agent Name: _____ Phone No. _____

CURRENT FLEET DATA (Attach extra list if needed)

Year	Make	Model	Owned	Leased	Lienholder	Monthly Pmt.	Loan Balance

Information to include with Application:

- () 2 years corporate taxes and financial statements; () Interim financial statement; () 3 months Bank Statements;
- () 2 years personal taxes; () Personal financial statement; () Copy of Principal Owner's Driver License

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes any credit bureau or investigative agency to investigate the references, statements or other data listed or accompanying this Application. The undersigned authorizes CH Bus Sales and all parties contacted to release credit and financial information requested as part of said investigation and the dissemination of information to all parties necessary in order to process this Application.

Signature of Owner _____

Title _____

Date _____

Phone: 1-800-345-2746
Fax: 1-888-571-7222
Email: info@icscredit.com

PO Box 1440
Lexington, SC 29071
www.icscredit.com



AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status on a credit report as needed in connection with a credit application to:

CH Bus Sales, LLC/Coach Finance Group, LLC

(NAME OF COMPANY REQUESTING REPORT)

Person(s) reports are requested on:

1 Print Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ ZIP (required): _____

2 Print Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ ZIP (required): _____